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## ***Strategies / Treatments***

Whereas absence seizures cannot be totally prevented some lifestyle changes can help to prevent them happening such as:

- Sufficient sleep at night
- Healthy diet
- Regular exercise
- Minimise stress

Medication can be used successfully to help control the number of absence seizures experienced by the child so that their education is not disrupted.

In the classroom and at school during a seizure the child will miss out on small parts of the lesson so to minimise their disruption:

- Break projects down into small clear steps.
- Make sure instructions are in a written form as well as verbal and repeat them frequently
- Provide reassurance and emotional support if necessary.
- Close supervision is essential for activities such as swimming.

## ***Useful Books / References***

- Moss, D.M. (1989) Lee: The Rabbit with Epilepsy (Special Needs Collection)

## ***Useful Websites / References***

- [www.epilepsy.com/epilepsy/seizure\\_absence](http://www.epilepsy.com/epilepsy/seizure_absence)
- [www.epilepsy.org.uk/info/syndromes/childhood-absence-epilepsy](http://www.epilepsy.org.uk/info/syndromes/childhood-absence-epilepsy)

# **SCHOOL PHOBIA**

## ***Definition***

School Phobia is an extreme form of anxiety disorder such as agoraphobia and selective mutism and is identified as a persistent and frequent fear of attending school. It is often described as an irrational fear of the school situation and is usually a social anxiety which is of an emotional origin. About 1% of children will have had school phobia at some point in their school lives and it is most prevalent in the range of 5-6 year olds and 11-14 year olds.

## ***Symptoms / Characteristics***

- They say they do not like being away from home and often fear something will happen to a parent whilst they are at school (OCD tendencies).
- When parents attempt to get their child to go to school they are faced with screaming, kicking and other forms of temper tantrums.

- They frequently feel unwell and say they have stomach ache, sickness, diarrhoea and headaches.
- They are very shy, lack confidence and have low self-esteem.
- They suffer from depression.
- They do not like certain aspects of school life e.g. changing for PE, reading out loud in class.
- They do not like being the centre of attention.
- They do not mix well with other children.

### **Causes**

The reasons for School Phobia can be varied. Some reasons are:

- Separation Anxiety – when they are young they become very upset, distressed and panic when leaving their parents at the school gate. (They cannot stand being apart from them.) It has been suggested that this is not real phobia but a refusal as real school phobics will not experience the anxiety when parents are not there. This anxiety can occur following bereavement of a close family member.
- Social Phobia – children are frightened or anxious of things they are asked to do in school. E.g. changing for PE in front of peers, taking part in Games, eating in the Dining area, answering questions in front of rest of class or reading to the whole class.
- Prolonged absences due to illness and other factors. Children are afraid they have fallen so far behind in their work that they will be unable to catch up and friendship groups may have changed making their re-integration more difficult.
- Moving house and change of school, loss of friends and fear of establishing themselves.
- Changing schools at transition times can cause problems e.g. Primary to Secondary School.
- Bad experiences in school such as bullying.
- Being unpopular with peer group.
- Problems outside school.
  - Abuse, rows, violence in home
  - Divorce or separation
  - Post Traumatic Stress Disorder – child having witnessed a traumatic event
  - Death of near relative or pet
  - Illness of near relative.

## ***Strategies / Treatments***

- Health professionals should be involved when there is a suspicion that a child has School Phobia. Early intervention is essential. An Educational Psychologist usually will make a diagnosis and will involve parents/carers, teachers and the Education Welfare Officer in a programme including strategies to use and a programme to help the child with re-integration in their school.
- School should work closely with parents, helping them to understand key points relating to school phobia and the way they can develop a calm environment at home which will help.
- Parents and school should keep to the same routine.
- Parents could identify things their child can look forward to each day.
- School can help the child to find things to look forward to each day.
- School should initially provide an area where the child feels safe when they return to school and get them to meet with a member of staff known to them who will offer encouragement and reassurance.
- Give them a safe haven to go to when they feel anxious.
- Provide a buddy or group of peers to offer support and befriend the child.
- Give them strategies to manage their anxiety when it arises.

## ***Related Conditions***

- Anxiety Disorder
- Agoraphobia
- Obsessive Compulsive Disorder (OCD)

## ***Useful Books / References***

- Blagg, N. (1987) School Phobia and Its Treatment. Routledge
- Csoti, M. (2003). School Phobia, Panic Attacks and Anxiety in Children. Jessica Kingsley Publishers

## ***Useful Websites / References***

- [www.adaa.org](http://www.adaa.org) – Anxiety Disorders Association of America
- [www.anxietycare.org.uk](http://www.anxietycare.org.uk)
- <http://news.bbc.co.uk/1/hi/magazine/8367283.stm>
- [www.nopanic.org.uk](http://www.nopanic.org.uk)
- [www.phobics-awareness.org/schoolphobia](http://www.phobics-awareness.org/schoolphobia)

# SELECTIVE MUTISM

## ***Definition***

This is an Anxiety Disorder that prevents children speaking in certain situations. It is not that they are unable to speak, they are physically capable of normal speech, but they decide not to speak. It is seen as an extreme social anxiety or phobia. In some familiar settings e.g. at home with the family they are able to talk. About 1 in 150 children have Selective Mutism.

This condition was originally known as Elective Mutism because it was thought that children with it chose not to speak. It is now understood that it is not something someone with the condition can control. It is more common in girls and children from minority ethnic backgrounds. It occurs in boys who will also normally have other difficulties in communication and learning.

This condition is not to be confused with Mutism where children will not speak to anyone.

## ***Symptoms / Characteristics***

Children with Selective Mutism may be:

- Nervous
- Overwhelmingly shy and withdrawn
- Uneasy and socially awkward displaying signs of social phobia or anxiety disorder
- Fearful of unknown adults and of social embarrassment
- Clingy
- Serious, expressionless and rigid in posture. They can find making eye contact difficult particularly in periods when they cannot talk
- Likely to show sensitivity to noise and crowds
- Likely to worry a lot more than their peers
- Moody and display stubbornness
- Able to speak at home, in familiar settings with the family
- Used to communicating using gestures such as head movements eg head shaking
- Used to responding using a whisper to deliver a few words.

## ***Causes***

- The majority of children have a genetic predisposition to anxiety and will normally have inherited from a family member a tendency to be anxious
- Children with Selective Mutism will often have inhibited temperaments caused by the over-excitability of the Amygdala which is an area of the brain which analyses the possibility of danger and sets off a flight or fight response to help to protect it.